

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/539956**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13	/					
14	/					
15		/				
16	/					
17	/					
18		/				
19		/				
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25		/				
26		/				
27		/				
28	/					
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30		/				
31		/				
32	/					
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36		/				
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38		/				
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40		/				
41		/				
42		/				
43		/				
44		/				
45	/					
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	12	↓		↓		↓
TOTAL DEP.	82	↓		↓		↓
TOTAL CLAIMS	94	↓		↓		↓

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61		/				
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82		/				
83		/				
84		/				
85		/				
86		/				
87		/				
88	/					
89		/				
90		/				
91		/				
92		/				
93		/				
94		/				
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓